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U.S. Department of Defense

MHS MILITARY HEALTH SYSTEM

OCIO Office of the Chief Information Officer



HIMSS 2010

03 / 04 / 10

Protecting our Service Members as they Protect Us

MAJ Frank Tucker
MPAS, MA/MA, DHSc,
PMP, CPHIMS, CPHA, PA-C

Chief Technology Officer
Defense Health Information Management System (DHIMS)
Falls Church, VA

Tuesday, March 4, 2010
10:00 – 11:00 pm
HIMSS10 Annual Conference & Exhibition
Georgia World Conference Center
Atlanta, GA



Conflict of Interest Disclosure

MAJ Frank Tucker

Has no real or apparent
conflicts of interest to report.

Session Objectives

- **Objective 1:** Understand the role that DHIMS plays in the Department of Defense, the Military Health System and in the military's medical community across the world
- **Objective 2:** Discern between the product lines making up the TMIP “family of systems” and how they are employed in a broad range of care delivery settings in the Theater
- **Objective 3:** Understand the latest developments to the electronic health record and the products that comprise the EHR that ultimately reach Service members in a Theater of Operations
- **Objective 4:** Demonstrate broad-based awareness of the plan of action for improving both the usability of the EHR and the effectiveness of the infrastructure supporting it

DHIMS Program Office

- Develops **clinical information management applications** for the Sustaining Base and extends those capabilities to the Theater of Operations
- Provides **comprehensive health information technology solutions** that seamlessly captures, manages and shares healthcare data for the U.S. Military's electronic health record (EHR)

“To provide a world class health information management system that seamlessly captures, manages and shares health information in support of the military's electronic health record for our Service Members, their families, Combatant Commands, and the user community”

Program Office Diversity of Skills

- **Multi-disciplinary dedicated professionals** (Military, Public Health Service, Government Civilians, and Contractors)

CLINICAL

- Physician
- Physician Assistant
- Nurses
- Dentist
- Dental Assistant
- Physical Therapist
- Pharmacist
- Lab Officer
- Dietitian
- Optometrist
- Social Worker

ADMINISTRATIVE

- Medical Logistician
- Health Service Maintenance Technician
- Healthcare Administrator
- Finance/Contracting
- Strategic Communications

TECHNICAL

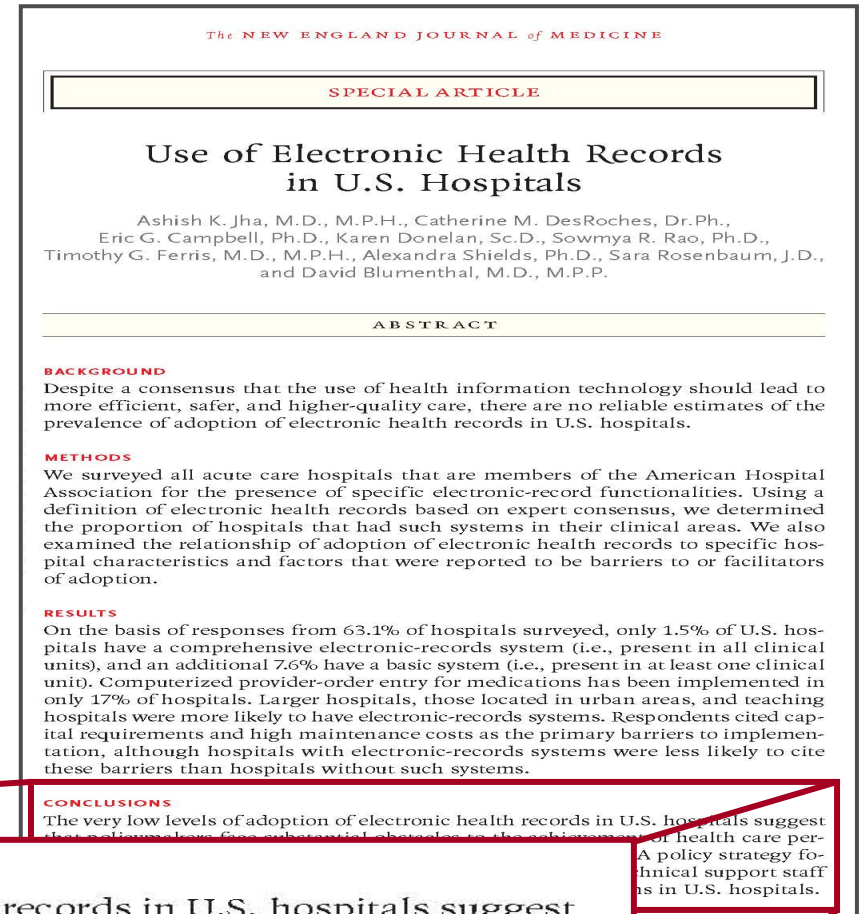
- Medical Information Systems Officer
- Engineers
- Information Assurance
- Risk Management
- Quality Assurance
- Configuration Management
- Architecture
- Testers

- Acquisition trained staff: PMP, ACQ Level I-III, CPHIMS

New England Journal of Medicine Article

“Very low levels of adoption of electronic health records in US Hospitals”

- “1.5% US Hospitals have a comprehensive electronic records system”
- “7.6% US Hospitals have a basic electronic records system”
- “17% US Hospitals have computerized provider-order entry for medications”



CONCLUSIONS

The very low levels of adoption of electronic health records in U.S. hospitals suggest that policymakers face substantial obstacles to the achievement of health care performance goals that depend on health information technology. A policy strategy focused on financial support, interoperability, and training of technical support staff may be necessary to spur adoption of electronic-records systems in U.S. hospitals.

EHR – A National & Industry Challenge

- Pursued by both government, national and private entities for decades
- Each individual organization has had its own set of priorities and direction
- All have encountered **similar challenges and road blocks** that have limited EHR adoption



DoD's Healthcare Information Support for the Warfighter Mission

- Medical Situation Awareness for Command and Control
- Force Health Protection
- Medical Readiness
- **Transient Patient Population**
- **Transient Healthcare Team**
- Austere Environments
 - Theater Operations
 - Shipboard Operations
 - Medical/Aeromedical Evacuation
- Security Requirements
 - Secret Internet Protocol Router (SIPRNet)
 - DoD Information Assurance Posture
- DoD Acquisition Process
 - Interdependencies with other departmental programs

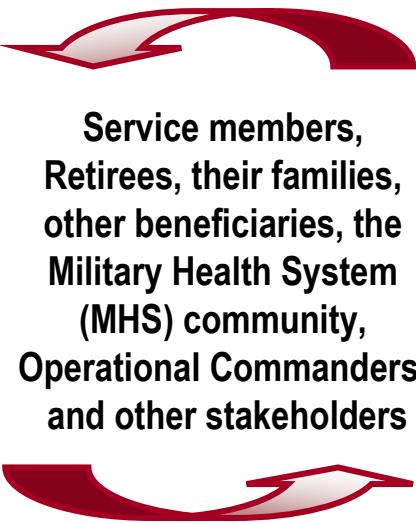


Understanding the Value of EHRs in the Department of Defense

Why we must do it

- Warfighter Mission
- Enables DoD's healthcare part of the Virtual Lifetime Electronic Record (VLER)
- Document and Monitor Wounded, Ill and Injured
- Enhanced Health Outcomes
- Cost Effectiveness
- Better Health Resource Management
- Health Community Satisfaction
- Patient Centric Medical Home
- Enhanced Access and Quality of Care
- Enhanced Patient Safety

Who we do it for



Service members, Retirees, their families, other beneficiaries, the Military Health System (MHS) community, Operational Commanders, and other stakeholders

What we will achieve

Right Information

- Comprehensive
- Integrated
- Interoperable
- Intuitive
- Accurate

Right Community

- Health Care Team
- Patients
- Commanders
- Veterans Affairs
- Nation (NHIN)

Decision Support for High Quality Cost Effective Healthcare

Right Place

- Global Presence
- Theater Operations
- Contingency Operations
- Austere Environments
- Mobile Operations
- Mature Communications

Right Time

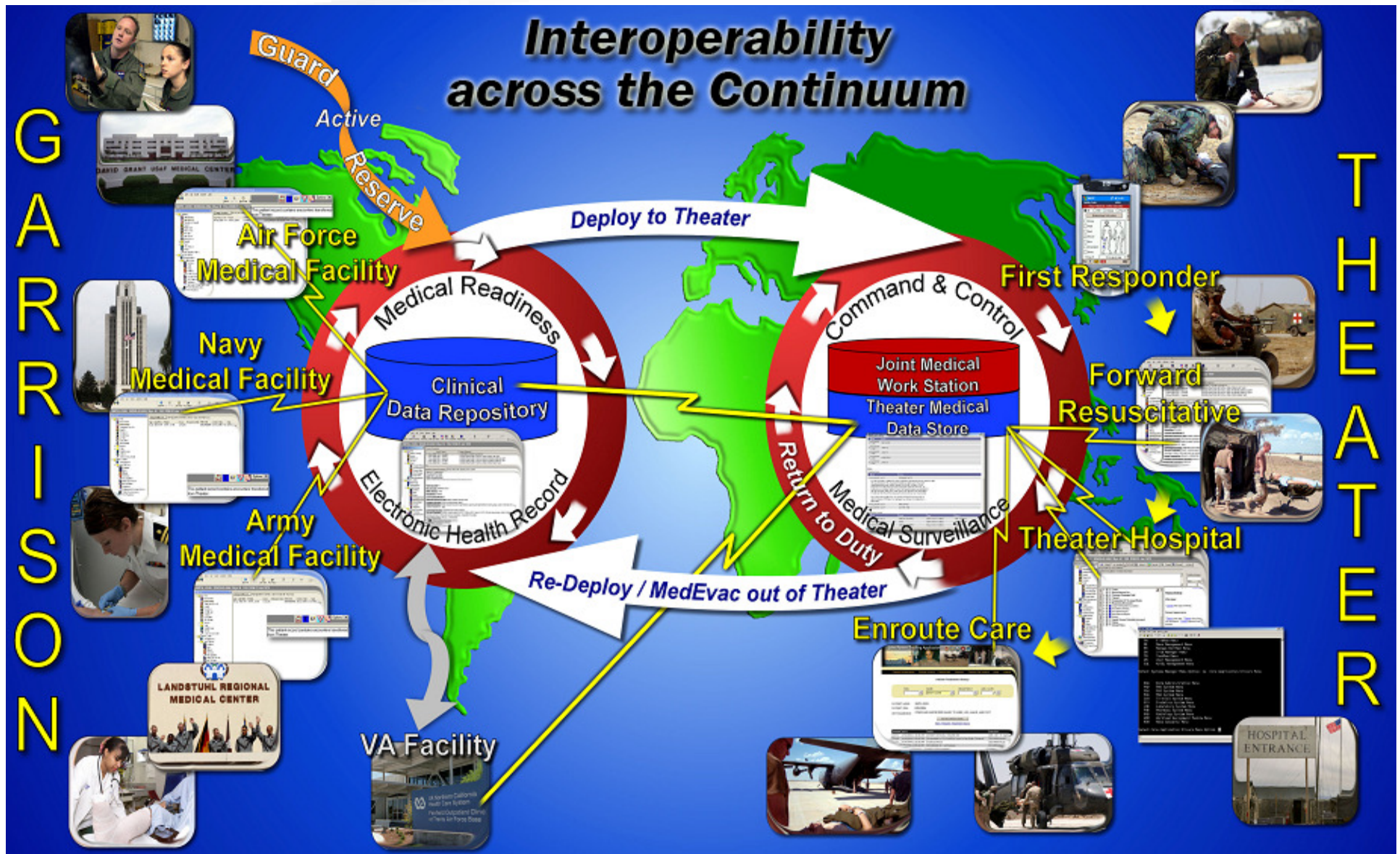
- Fast
- Dependable
- Clinical Workflow
- Highly Available
- Time to Market
- Innovative

AHLTA-Theater (Block 2 Release 1)

- **Extends the sustaining-base electronic medical record (AHLTA) capability, look and feel to the Theater of Operations**
 - Outpatient/Inpatient encounter documentation
 - Can work in a low and no communication environments (store and forward)
 - Interfaces with SAMS, TC2 and AHLTA-Mobile
 - Bed and Order Management
 - Theater Admin/Theater Security (create clinics and manage users)
 - Able to import patient demographic data from Authoritative Data Source
 - Drug-Drug/Drug-Allergy interaction screening
 - Alternate Input Method



Continuum of Care



DoD EHR Family of Systems

- **AHLTA-Garrison
Outpatient Documentation**

- Covers every time zone
- 77,000+ active users
- 110,000+ end user devices
- 148,000+ new encounters daily
- 9.5+ million beneficiaries with clinical data
- 50+ Terabytes (mostly non-image)
- White House Medical Unit

***Supporting transient patient
populations and transient
healthcare teams***

- **Essentris® Inpatient
Documentation**

- 29 Sites
- 62% MHS Inpatient Beds
 - 90% of Beds by FY2011

- **AHLTA-Theater
(As of 31 Nov 2009)**

- 15 Theater Hospitals, 262 Forward Resuscitative sites
- 11 U.S. Naval Ships
- 8.19 million orders of ancillary services (laboratory, radiology, pharmacy)
- 2.99 million outpatient encounters captured in AHLTA-Theater

AHLTA-Theater is...

**Documenting at
Point of Injury**



**Documenting
in Theater**



**Documenting
Onboard Ships**



**Documenting
In-Transit & In-Air**



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AHLTA-Theater Family of Systems

- **Customizes Garrison-based AHLTA EHR capabilities to deployed medical units**
 - Same look and feel as Garrison
 - “Train as you fight”
- Enables **complete clinical care documentation**, medical supply and equipment tracking, patient movement visibility and health surveillance in Theater environments (low/no communications)
- **Data is consolidated into a single database** known as the Theater Medical Data Store (TMDS)
 - Data is then transmitted to the Clinical Data Repository (CDR) to provide secure worldwide access to Service members’ health records

AHLTA-Mobile (Block 2 Release 1)

- DoD's enterprise-wide **first responder tool** intended to support medical documentation at point of injury
 - Mobile handheld platform
 - Point of injury documentation
 - Automated medical coding
 - Medical reference
 - Clinical decision support
 - Feeds AHLTA-Theater
 - Enhanced data mapping and data availability in AHLTA-Theater



Theater Medical Data Store (TMDS)

- **Collects medical information from Theater health systems and shares the data with the home station**
 - Outpatient and inpatient health record
 - Ancillary Services (e.g., laboratory, radiology and pharmacy)
- Patient Tracking and In-Transit visibility
- Shares Theater health history with the VA to support continuity of care
- Interface for benefits assessment (e.g., combat injury pay and Veterans Affairs)
- Shares information with command and control systems for medical situation awareness
- Leverages Web technologies

FileEditViewGoToolsActionsHelp

Append NarrativeAmendSign EncounterCopy ForwardPrintSave As TemplateClose

40yo M CPT DOB:14 Feb 1969

T = Means Patient has AHLTA-Theater Notes

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View last3+2+2 ViewView All

| Date | Status | Appt Class | Appt Type | Primary Diagnosis | Clinic/Location |
|------------------|----------|------------|-----------|------------------------------------|---------------------|
| 27 Apr 2009 1311 | Complete | Inpatient | SPEC | SUBCONJUNCTIVAL HEMORRHAGE - RI... | LSL Ophthalmology |
| 27 Apr 2009 1305 | Complete | Inpatient | SPEC\$ | visit for: screening exam | LSL General Surgery |
| 24 Apr 2009 0... | Complete | Outpatient | ACUTE | ACUTE EPIDURAL HEMORRHAGE | Theater Clinic |
| 03 Mar 2009 1... | Complete | Outpatient | ROUTN | CIRCADIAN RHYTHM SLEEP DISORDER | Theater Clinic |

Signed Encounter Documents: 24 Apr 2009 0350 signed by Theater Provider (1 documents found)

Patient: [REDACTED] Date: 24 Apr 2009 0158 AST Appt Type: ACUTE

Facility: USMHK (H40250) Clinic: HOSPITAL ER/CASUALTY Provider: [REDACTED]

AutoCites Refreshed by [REDACTED] @ 24 Apr 2009 0155 AST

Problems

No Problems Found.

Active Medications

No Active Medications Found.

Allergies

No Allergies Found.

Screening Written by [REDACTED] @ 24 Apr 2009 0158 AST

Appointment Reason For Visit: HEAD INJURY:

Selected Reason(s) For Visit

HEAD INJURY (New) Comments:

Vitals Written by [REDACTED] @ 24 Apr 2009 0010 AST

BP: 127/82, HR: 82, RR: 16, O2: 99, Pain Scale: 10/10 Totally Disabling

Vitals Written by [REDACTED] @ 24 Apr 2009 0247 AST

BP: 107/57, HR: 85, RR: 13,

Vitals Written by [REDACTED] @ 24 Apr 2009 0248 AST

O2: 100,

Vitals Written by [REDACTED] @ 24 Apr 2009 0248 AST

Pain Scale: 10/10 Totally Disabling

S/O Note Written by [REDACTED] @ 24 Apr 2009 0247 AST

Chief complaint

The Chief Complaint is: Fell out of moving car.

Reason for Visit

Visit for: History obtained by EMS and driver of car. Patient would not answer questions but would move extremities to command. Patient was in car and jumped out because he was mad at the driver. Car was moving at 5 mph. Patient hit back of head. Very combative on scene. Blood in back of head. Ambulance came to ED. On arrival, patient was combative but following commands. He would respond to pain. Said he was allergic to PCN. Pt was complaining about the c-collar and spinal board restraints. Kept moving and yelling and struggling. Pupils were reactive. Blood in right ear canal and from nose. To protect c-spine and airway, patient was intubated with RSI Etomidate 30mg IV and Succinyl Choline 150mg IV with an 8.0 ETT.

Kuwait

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View last

3+2+2 View

View All

Include Cancelled and LW/OBS

| Date | Status | Appt Class | Appt Type | Primary Diagnosis | Clinic/Location |
|--------------------|----------|------------|-----------|-------------------------------------|---------------------|
| 27 Apr 2009 1311 | Complete | Inpatient | SPEC | SUBCONJUNCTIVAL HEMORRHAGE - RI... | LSL Ophthalmology |
| 27 Apr 2009 1305 | Complete | Inpatient | SPEC\$ | visit for: screening exam | LSL General Surgery |
| T 24 Apr 2009 0... | Complete | Outpatient | ACUTE | ACUTE EPIDURAL HEMORRHAGE | Theater Clinic |
| T 03 Mar 2009 1... | Complete | Outpatient | ROUTN | CIRCADIAN RHYTHM SLEEP DISORDER ... | Theater Clinic |

Signed Encounter Documents: 29 Apr 2009 0434 signed by (1 documents found)

Patient:

Date: 27 Apr 2009 1311 WED T

Appt Type: SPEC

Treatment Facility: LANDSTUHL REGIONAL MEDCEN

Clinic: LSL OPHTHALMOLOGY

Provider:

Patient Status: Inpatient

Inpatient Location:

Reason for Appointment: OIF

AutoCites Refreshed by @ 27 Apr 2009 1311 WED T

Problems

• SENSORINEURAL HEARING LOSS

• exposed to high level of environmental noise

• TINNITUS

• joint pain, localized in the shoulder

• CIRCADIAN RHYTHM SLEEP DISORDER JET LAG TYPE

Active Family History

No Active Family History Found.

Allergies

• PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM): Unknown

Active Medications

| Active Medications | Status | Sig | Refills Left | Last Filled |
|--|--------|---|--------------|--------------|
| CETIRIZINE HCL, 10MG, TABLET, ORAL | Active | TD FOR ALLERGIES | 1 of 1 | 03 Oct 2008 |
| MOMETASONE FUROATE, 50MCG, SPRAY, NASAL | Active | SPRAY ONCE INTO EACH NOSTRIL DAILY #3 RF1 | 1 of 1 | 03 Oct 2008 |
| Guafenesin 600mg + Pseudoephedrine Hydrochloride 60mg, Extended release tablet, Oral | Active | TAKE 2 TABLETS PO EVERY 12 HOURS WITH PLENTY OF WATER | 1 of 1 | 03 Oct 2008 |
| EVOCLIN (CLINDAMYCIN PHOSPHATE), 1%, FOAM, TOPICAL, STIEFEL LABS., 50 g CAN | Active | | 3 of 3 | 29 Sep 2008 |
| Pimecrolimus 1%, Cream, Topical | Active | APPLY BID TO AFFECTED AREAS #3 RF1 | 1 of 1 | 21 Aug 2008 |
| Clindamycin Phosphate 900mg/50ml + Dextrose 5% + Water, Solution, Injection, 50mL | New | | NR | Not Recorded |
| Sodium Chloride 3%, Solution, Injection | New | Q6H | NR | Not Recorded |
| ZINC SULFATE, 220MG, CAPSULE, ORAL | New | QD AY | NR | Not Recorded |
| Miscellaneous | New | QD AY | NR | Not Recorded |
| Miscellaneous | New | QD AY | NR | Not Recorded |
| Albuterol Sulfate 90mcg, Aerosol powder, Inhalation, HFA | New | Q4H | NR | Not Recorded |
| Ascorbic Acid 100mg/mL, Syrup, Oral, 5mL | New | BID | NR | Not Recorded |
| Glutamine 1000mg, Powder, Miscellaneous | New | BID | NR | Not Recorded |
| Multivitamin Liquid Oral | New | QD AY | NR | Not Recorded |

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Note Title: ICU Nursing Note
Note Date: 27Apr09
Provider: [REDACTED]
[Click here to view note details](#)

Note Title: ICU Nursing Note
Note Date: 27Apr09
Provider: [REDACTED]
[Click here to view note details](#)

Note Title: Discharge Summary
Note Date: 27Apr09
Provider: [REDACTED]
[Click here to view note details](#)

Note Title: Operative Note
Note Date: 26Apr09
Provider: [REDACTED]
[Click here to view note details](#)

Note Title: ICU Nursing Note
Note Date: 26Apr09
Provider: [REDACTED]
[Click here to view note details](#)

Note Title: ICU Provider Note
Note Date: 26Apr09
Provider: [REDACTED]
[Click here to view note details](#)

Note Title: SURGICAL NOTE
Note Date: 26Apr09
Provider: [REDACTED]
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Note Title: Discharge Summary

Note Date: 27Apr09

Provider:

Note Type: Progress Note

Location Name: 332ND EXPEDITIONARY MED GROUP

Complete Note:

332nd AFTH TRANSFER/ DISCHARGE SUMMARY

FULL NAME/RANK

/ Captain, USA

SSN/MR#:

DATE OF ADMISSION:

24 APR 2009

DATE OF DISCHARGE: 27 Apr 2009

ADMISSION DIAGNOSIS:

Temporal bone basilar skull fracture

Epidural hematoma

Brain Contusion

Aspiration pneumonitis/pneumonia

DISCHARGE DIAGNOSIS:

Same

BRIEF HPI:

40 y/o USA who either fell or jumped from a moving vehicle at low speed. Per EMS and vehicle driver, pt struck the back of his head. Presenting GCS was 14, but pt reportedly intubated for combativeness. CT scan revealed R occipital epidural hematoma, R temporal bone fracture, and shift of structures to the left and effacement of basilar cisterns. Decision was made to transfer pt to Balad for neurosurgical consultation. Transfer was delayed because of weather. Pt received 2 doses of manitol and was loaded with phenytoin at outside facility. En route to Balad, pt was

Balad Air Base Iraq

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Note Date: 19Jun09

Provider:

[Click here to view note details](#)

Note Title: PROSTHETICS CLINIC 14073

Note Date: 19Jun09

Provider:

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Note Title: SPEECH PATHOLOGY DISCHARGE SUMMARY 12574

Note Date: 19Jun09

Provider: CCC-SLP

[Click here to view note details](#)

Note Title: NEUROPSYCH ASSESSMENT FINAL 12701

Note Date: 19Jun09

Provider:

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Note Title: REHAB NURSING SHIFT ASSESSMENT

Note Date: 18Jun09

Provider:

[Click here to view note details](#)

Note Title: PM&R INPT 14833

Note Date: 18Jun09

Provider:

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Note Title: PT DISCHARGE 11112

Note Date: 18Jun09

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Note Title: NEUROPSYCH ASSESSMENT FINAL 12701

Note Date: 19Jun09

Provider:

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Note Type: 999-9

Location Name: PALO ALTO HCS

Complete Note:

PALO ALTO HCS:640

14517097

06/19/2009 18:20

NEUROPSYCH ASSESSMENT FINAL 12701

LOCAL TITLE: NEUROPSYCH ASSESSMENT FINAL 12701

STANDARD TITLE: NEUROPSYCHOLOGY NOTE

DATE OF NOTE: JUN 19, 2009@18:20

ENTRY DATE: JUN 24, 2009@18:21:14

AUTHOR:

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Patient Summary

Data Sources

IDENTIFYING INFORMATION

Patient Name:

Age (DOB): 40 (02/14/1969)

Ethnicity: Asian-American

Gender: Male

Marital Status: married

Education: 19 years

Handedness: Right

Military Branch:

Rank: Captain

REASON FOR REFERRAL

was referred for a neuropsychological evaluation to assess general cognitive and emotional functioning to inform treatment recommendations.

HISTORY OF PRESENTING PROBLEM

is a 40-year-old, , Army Captain who was serving in Kuwait when he fell off a slow moving vehicle and struck the back of his head per witnesses on 4/23/09. He sustained a right temporal bone fracture, extradural hematoma (EDH), subdural hematoma (SDH), right hemiparesis, contusion of

Palo Alto VA

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Search Filter: Outpatient Current The medication list should be validated with patients for their safety.

| Origin | Medication Name | Sig | Refills | Status | OTC | Last Filled Date | Ordering Provider |
|--------|---|--|---------|---------|-----|------------------|-------------------|
| DoD | Triamcinolone Acetonide 0.1%, Ointment, Topical | APPLY TO AFFECTED AREA(S) SPARINGLY BID | 1 of 1 | Active | | 25 Jun 2009 | |
| VA | HYDROXYZINE HCL, 25MG, TABLET, ORAL | T1 TB QHS PRN ITCHING | 1 of 1 | Active | | 25 Jun 2009 | |
| DoD | Lorazepam 2mg/mL, Solution, Injection | 1MG IV Q 6 H PRN PRN FOR AGITATION | NR | Expired | | 22 May 2009 | |
| DoD | Omeprazole 4mg/mL, Suspension, Oral | 20MG VIA DOBHOFF Q 24 H | NR | Expired | | 22 May 2009 | |
| DoD | ACETAMINOPHEN, 160MG/5ML, ELIXIR, ORAL | 320MG VIA DOBHOFF Q 6 H PRN PAIN #2 RFO | NR | Expired | | 22 May 2009 | |
| DoD | RISPERIDONE, 1MG, TABLET, ORAL | T1 TAB PO QD #10 RFO | NR | Expired | | 22 May 2009 | |
| DoD | Levamisole 500mg/mL, Solution, Injection | DRIP CONC: 12500MG/250ML IV DRIP FOR ICP CON | NR | Expired | | 27 Apr 2009 | |
| DoD | Enoxaparin Sodium 100mg/mL, Solution, Injection | IV AS NEEDED FOR ICP CONTROL | NR | Expired | | 27 Apr 2009 | |
| DoD | ATENOLOL, 50MG, TABLET, ORAL | T1 TAB PO QD #10 RFO | NR | Expired | | 22 May 2009 | |
| DoD | Pentobarbital Sodium 50mg/mL, Solution, Injection | DRIP CONC: 12500MG/250ML IV DRIP FOR ICP CON | NR | Expired | | 27 Apr 2009 | |
| DoD | Pentobarbital Sodium 50mg/mL, Solution, Injection | IV AS NEEDED FOR ICP CONTROL | NR | Expired | | 27 Apr 2009 | |
| DoD | Insulin Regular, Human Recombinant 100U/mL | DRIP CONC: 1 UNIT/ML. ADJUST PER PROTOCOL | NR | Expired | | 27 Apr 2009 | |
| DoD | ACETAMINOPHEN, 160MG/5ML, ELIXIR, ORAL | 650MG PO/PNG/PFT Q4HRS PRN #1 RFO | NR | Expired | | 27 Apr 2009 | |
| DoD | Clindamycin Phosphate 900mg/50ml + Dextrose 5% + Water, Solution, Injection | INFUSE 900MG IV Q8H #4 RFO | NR | Expired | | 27 Apr 2009 | |
| DoD | Phenytoin Sodium 50mg/mL, Solution, Injection | 200MG IV Q12HRS #6 RFO | NR | Expired | | 27 Apr 2009 | |
| DoD | Albuterol Sulfate 90mcg, Aerosol powder, Inhaler | INH 4 PUFFS Q6H #1 RFO | NR | Expired | | 27 Apr 2009 | |
| DoD | Mannitol 25%, Solution, Injection | 4 VIALS FOR AIR EVAC ICP MANAGMENT #4 RFO | NR | Expired | | 27 Apr 2009 | |
| DoD | Sodium Chloride 3%, Solution, Injection | 3% SALINE SOLUTION GGT AT 40ML/HR #3 RFO | NR | Expired | | 27 Apr 2009 | |
| DoD | Fentanyl Citrate 0.05mg/mL + Pf, Solution, Injection | FENTANYL GGT #3 RFO | NR | Expired | | 27 Apr 2009 | |
| DoD | Pantoprazole Sodium 40mg, Reconstituted solution | 40MG IV Q24HRS #1 RFO | NR | Expired | | 27 Apr 2009 | |
| DoD | Bacitracin 500U/g, Ointment, Ophthalmic | APPLY TO AFFECTED EYE QID #1 RFO | NR | Expired | | 27 Apr 2009 | |
| DoD | Propofol 10mg/mL, Emulsion, Injection | PROPOFOL GGT (100ML VIALS) #10 RFO | NR | Expired | | 27 Apr 2009 | |
| DoD | Levofloxacin 5mg/mL + Dextrose 5% + Water, Solution, Injection | 750MG IV Q24HRS #1 RFO | NR | Expired | | 27 Apr 2009 | |
| DoD | Ondansetron Hydrochloride 2mg/mL, Solution, Injection | 4MG IV Q6 PRN NAUSEA #4 RFO | NR | Expired | | 27 Apr 2009 | |
| DoD | Levofloxacin 5mg/mL + Dextrose 5% + Water, Solution, Injection | 750MG IV Q24HRS #1 RFO | NR | Expired | | 27 Apr 2009 | |
| DoD | NAPROXEN, 250MG, TABLET, ORAL | T1-2 TAB BID W/MOM #120 RFO | NR | Expired | | 13 Feb 2009 | |
| DoD | Guafenesin 600mg + Pseudoephedrine Hydrochloride 60mg, Tablet, Oral | TAKE 2 TABLETS PO EVERY 12 HOURS WITH PLE | 1 of 1 | Active | | 03 Oct 2008 | |
| DoD | MOMETASONE FURDATE, 50MCG, SPRAY, NASAL | SPRAY ONCE INTO EACH NOSTRIL DAILY #3 RF1 | 1 of 1 | Active | | 03 Oct 2008 | |
| DoD | CETIRIZINE HCL, 10MG, TABLET, ORAL | TD FOR ALLERGIES | 1 of 1 | Active | | 03 Oct 2008 | |
| Other | EVOClin (CLINDAMYCIN PHOSPHATE), 1%, FOAM, Topical | APPLY BID TO AFFECTED AREAS #3 RF1 | 3 of 3 | Active | | 29 Sep 2008 | |
| DoD | Pimecrolimus 1%, Cream, Topical | APPLY BID TO AFFECTED AREAS #3 RF1 | 1 of 1 | Active | | 21 Aug 2008 | |

OTC is an over-the-counter medication.

CHCS Connection: Ready

File Edit View Go Tools Actions Help

Close

40yo M CPT DOB:14 Feb 1969

Folder List

- Desktop
 - Notifications
 - Appointments
 - Telephone Consults
 - Search
 - New Results
 - Tasking (3)
 - Co-signs
 - Sign Orders
 - Consult Log
 - Patient List
 - CHCS-I
 - EWSR
 - Patient Registries
- Reports
- Tools
- Web Browser
- Demographics
- Health History
- Problems
- Meds
- Allergy**
- Wellness
- Immunizations
- Vital Signs Review
- PKC Couplers
- Readiness
- Patient Questionnaires
- DoD/VA/Theater History
- Army Readiness
- Lab
- Radiology
- Clinical Notes
- Previous Encounters
- Flowsheets
- Current Encounter
- Screening
- Vital Signs Entry
- S/O
- Drawing
- A/P

Appointments DoD/VA/Theater History Meds **Allergy** Previous Encounters

☐ No known allergies ☐ Verified This Encounter

| Allergen | Reaction | Onset Date | Info Source | Entered By | Comments | Origin | Facility/CHCS Host |
|---------------------------|-------------|-------------|-------------|------------|----------|--------|--------------------|
| Penicillins | Rash | 26 May 1967 | Patient | | | DOD | Tripler AMC, HI |
| POLLENS (POLLEN EXTRACTS) | EYE ITCHING | 10 Feb 1959 | Patient | | | VA | Portsmouth CBOC |

Patient's Allergy List shown from DoD and VA origins

Allergen: Origin:

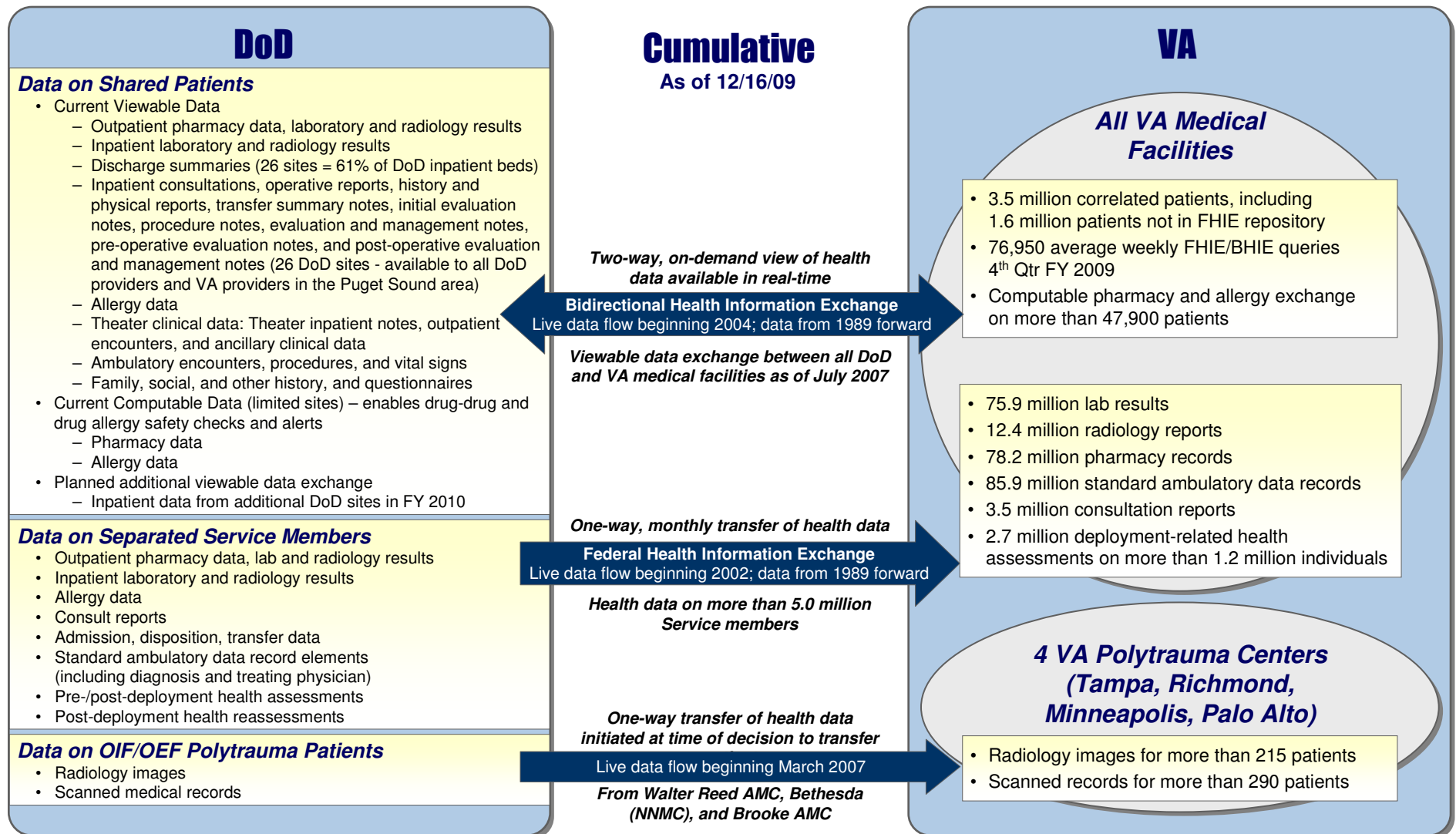
Onset Date: Entered By:

Reactions:

Info Source: Facility/CHCS Host:

Comments:

Current DoD/VA Health Information Exchange



TMDS-VISTA CPRS BHIE Theater Clinical Data Sharing

TMDS View

https://207.87.24.38 - Joint Patient Tracking Application | Patient Inpatient Record - Microsoft Internet Explorer

| Date | Name | Author/Title |
|------------------|-----------|--------------|
| 07/20/2007 16:10 | ADMISSION | |
| 07/20/2007 16:10 | ADMISSION | |

Progress Notes

| Date | Name | Author/Title |
|------------------|-----------|--------------|
| 07/20/2007 16:55 | PROG NOTE | |

Submitted by: **[REDACTED]** PHYSICIAN

ADMISSION HISTORY PHYSICAL on **[REDACTED]** for 20 July 2007

HISTORY See history and physical by ER physician at 28 CSH. This is active duty soldier admitted by helicopter medivac after ied blast in Baghdad area. Pt denies loss of consciousness after ied blast. Pt was brought to ER with another soldier.

EXAM Pt was seen at ER with ER physician. Pt was confused when I saw him about 45 minutes after arrival at ER at 28 CSH. Pt did NOT really know where he was when I questioned him--pt did know he is in Iraq. Speech is normal and pupils are equal at ER. He has symmetrical facies. Pt has small frag wound on left arm. Pt has full active range of motion of all left fingers. Pt has obvious moderately large FLUCTUANT subcutaneous hematoma left medial ankle. Left leg and left foot are NOT edematous--they are soft. Left posterior tibial and left dorsalis pedis pulses are intact on Doppler. The left medial ankle fluctuant subcutaneous hematoma has NO flow murmur.

XRAYs
Head CAT scan negative for brain injury or skull fracture. Left humerus x rays were negative for fracture. Left foot and ankle x rays negative for obvious fracture etc on my review.

DIAGNOSIS
1. Closed head injury with confusion (mace is 22/30).
2. Significant hematoma of left medial ankle.

PLAN
Admit for observation. Medivac patient to Germany for evaluation of closed head injury.

Laboratory Results

| Date | Name | Type |
|------------------|------|------------------------|
| 07/20/2007 16:48 | CBC | Observations to follow |

Medications

| Date | Type | Name |
|------------------|----------------------|-----------------------------|
| 07/21/2007 23:37 | INPATIENT MEDICATION | PROMETHAZINE--INJ 25MG/ML S |
| 07/21/2007 23:37 | INPATIENT MEDICATION | PERCOCET--PO 5-325MG TAB |
| 07/20/2007 17:25 | INPATIENT MEDICATION | PROMETHAZINE--INJ 25MG/ML S |
| 07/20/2007 17:24 | INPATIENT MEDICATION | PERCOCET--PO 5-325MG TAB |

Done

Vista CPRS in use by: Murphy,Ryan W (vista.puget-sound.med.va.gov)

File Edit View Tools Help

Visit Not Selected Primary Care Team Unassigned

Current Provider Not Selected

Pt Inst Flag Remote Data Available ? No Postings

Available Reports

- Clinical Reports
- Health Summary
- Dept. of Defense Reports
- Allergies
- Expanded ADT
- Consults (DOD Remote date)
- Discharge Summary
- Laboratory
- Outpatient Encounter
- Pharmacy All Outpatient
- Progress Notes
- All Problem List
- Radiology Report
- Imaging (local only)
- Procedures (local only)
- Procedures
- Anatomic Pathology
- Blood Bank Report
- Lab Status
- Dietetics Profile
- Nutritional Assessment
- Med Admin History (BCMA)
- Med Admin Log (BCMA)
- Vitals Cumulative
- Daily Order Summary

Dept. of Defense Reports Progress Notes (From: Jan 01 2007 to Apr 15 2008) Max/site:200

| Facility | Date/Time of Note | Type of Note | Author of Note |
|----------------------------|-------------------|-----------------|----------------|
| 7452 | 07/20/2007 16:10 | Outpatient Note | [REDACTED] |
| 7452 | 07/19/2007 24:00 | Progress Note | [REDACTED] |
| 28th CSH Ibn Sina(Baghdad) | 07/19/2007 24:00 | Outpatient Note | [REDACTED] |
| 28th CSH Ibn Sina(Baghdad) | 07/19/2007 24:00 | Outpatient Note | [REDACTED] |
| 28th CSH Ibn Sina(Baghdad) | 07/19/2007 24:00 | Outpatient Note | [REDACTED] |

Consultant: [REDACTED]
Created On: July 20, 2007

ADMISSION HISTORY PHYSICAL on **[REDACTED]** for 20 July 2007

HISTORY See history and physical by ER physician at 28 CSH. This is active duty soldier admitted by helicopter medivac after ied blast in Baghdad area. Pt denies loss of consciousness after ied blast. Pt was brought to ER with another soldier.

EXAM Pt was seen at ER with ER physician. Pt was confused when I saw him about 45 minutes after arrival at ER at 28 CSH. Pt did NOT really know where he was when I questioned him--pt did know he is in Iraq. Speech is normal and pupils are equal at ER. He has symmetrical facies. Pt has small frag wound on left arm. Pt has full active range of motion of all left fingers. Pt has obvious moderately large FLUCTUANT subcutaneous hematoma left medial ankle. Left leg and left foot are NOT edematous--they are soft. Left posterior tibial and left dorsalis pedis pulses are intact on Doppler. The left medial ankle fluctuant subcutaneous hematoma has NO flow murmur.

XRAYs
Head CAT scan negative for brain injury or skull fracture. Left humerus x rays were negative for fracture. Left foot and ankle x rays negative for obvious fracture etc on my review.

DIAGNOSIS
1. Closed head injury with confusion (mace is 22/30).
2. Significant hematoma of left medial ankle.

PLAN
Admit for observation. Medivac patient to Germany for evaluation of closed head injury.

Cover Sheet | Problems | Meds | Orders | Notes | Consults | Surgery | D/C Summ | Labs | Reports

VISTA CPRS BHIE

INNOVATE | PARTNER | DELIVER | LEARN

TMDS-VTA Tracking and Treatment Data Sharing

TMDS View

Joint Patient Tracking Application | Patient Treatment History - Microsoft Internet Explorer

Address: https://207.87.24.38/jpta/patientTreatmentHistory.do

| | | | |
|----------|------------------|---|----------------------------|
| meltond | 04/28/2007 13:09 | NS: Patient seen in ED. Patient reversed and has GCS 7T(MSE1VT). Localizes on R briskly. No eye opening. Does not regard examiner or track. Intubated. L hemi-paresis. R scalp wound with brain extrusion and open fracture. CT Head with R parietal depressed skull fracture with fragments penetrating cortex deeply to level of lateral ventricle. Patient taken to OR emergently. Procedure: R craniectomy, R ID open depressed skull fracture with debridement of brain. Details: Right trauma scalp flap turned and incorporating 10 cm scalp laceration. ID brain extruding from skull defect. Turned large decompressive craniectomy incorporating skull defect. Upon opening the dura the vein of Labbe was found to be incorporated into the dura and had to be suture ligated. Brain laceration from bone fragment penetration was debrided and hemostasis obtained. Skull fragments in brain parenchyma which could be easily identified were retrieved. Hemostasis was again obtained. Dura was replaced over the brain surface and duraplasty performed with duragen. 7FR JP placed over the dura. Craniotomy flap left out. Scalp closed in two layers. ICP monitor was placed in subdural space prior to closure. EBL 600. Complications: None. | 332 EMDG-BALAD (JPTA_IRA1) |
| huiskent | 04/28/2007 12:46 | Admit note: US soldier with single GSW to head. Arrived intubated, sedated and pharmacologically paralyzed. Nonbleeding scalp lac with brain extruding from wound in right parietal area. Swelling and ecchymosis right eyelid pupils equal and reactive. Admit, CT brain, cspine. Consults to Neurosurg and ophtho. | 332 EMDG-BALAD (JPTA_IRA1) |
| churchd | 04/28/2007 10:26 | Helical CT done. Thin axial slices and sagittal/coronal reformats were obtained. CT H - biparietal and rt frontal/ant cranial fossa fxs rt parietal hem and bone frags rt frontal extra-axial hem subdural blood along falx and rt tent ivh blood in qpc pneumocephalus. CT CSP - no fx rul consolidation. | 332 EMDG-BALAD (JPTA_IRA1) |

Medical Events History

| Disposition | Data Source | Location | Encounter Date | Reporting Facility | Author |
|-------------------------|-------------|----------------|------------------|--|----------------|
| OUTPATIENT | JPTA | OKUBO BARRACKS | 11/14/2007 00:00 | BROOKE AMC-FT, SAM HOUSTON(JPTA_0109) | calderonsanche |
| ADMITTED | JPTA | 3W | 11/14/2007 00:00 | BROOKE AMC-FT, SAM HOUSTON(JPTA_0109) | calderonsanche |
| TRANSFERRED TO ARMY MTF | JPTA | | 05/01/2007 00:00 | WALTER REED AMC-WASHINGTON DC(JPTA_0037) | admina |
| OUTPATIENT | JPTA | OKUBO BARRACKS | 11/14/2007 00:00 | BROOKE AMC-FT, SAM HOUSTON(JPTA_0109) | negrettd |
| INPATIENT | JPTA | BETHESDA | 05/01/2007 00:00 | WALTER REED AMC-WASHINGTON DC(JPTA_0037) | parkera |
| INPATIENT | JPTA | BETHESDA | 05/01/2007 00:00 | WALTER REED AMC-WASHINGTON DC(JPTA_0037) | clara |
| INPATIENT | JPTA | PENDING | 05/01/2007 00:00 | WALTER REED AMC-WASHINGTON DC(JPTA_0037) | parkera |
| INPATIENT | JPTA | PENDING | 05/01/2007 00:00 | WALTER REED AMC-WASHINGTON DC(JPTA_0037) | parkera |

Done

Patient Report - Microsoft Internet Explorer

Address: https://vta.va.gov/VTA/secured/VAPatientReport.aspx

| | | | | | |
|--------|-----|-----------|-------|----------|----------------------------|
| Select | SGT | U.S. ARMY | E9651 | 05/01/07 | REED AMC-WASHINGTON DC |
| Select | SGT | U.S. ARMY | 87990 | 11/14/07 | BROOKE AMC-FT, SAM HOUSTON |

Notes/Location History

INIT DIAGNOSIS: SHOTGUN

Reverse Record Order

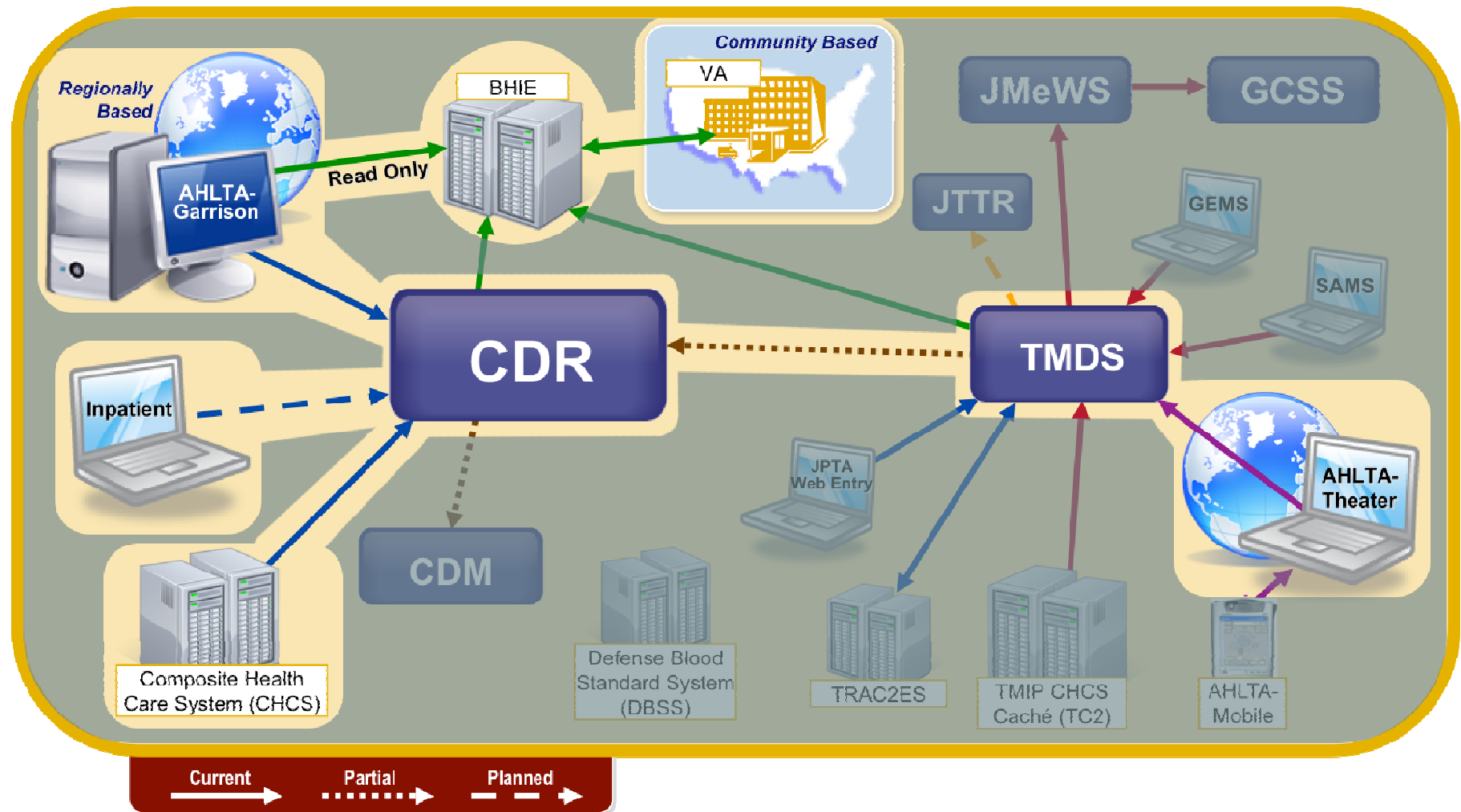
| AUTHOR | DATE | NOTES | FACILITY |
|---------|----------------------|---|----------------|
| CHURCH | 4/28/2007 6:26:00 AM | HELICAL CT DONE. THIN AXIAL SLICES AND SAGITAL/CORONAL REFORMATS WERE OBTAINED. CT H - BIPARIETAL AND RT FRONTAL/ANT CRANIAL FOSSA FXS RT PARIETAL HEM AND BONE FRAGS RT FRONTAL EXTRA-AXIAL HEM SUBDURAL BLOOD ALONG FALX AND RT TENT IVH BLOOD IN QPC PNEUMOCEPHALUS. CT CSP - NO FX RUL CONSOLIDATION. | 332 EMDG-BALAD |
| HUISKEN | 4/28/2007 8:46:00 AM | ADMIT NOTE: US SOLDIER WITH SINGLE GSW TO HEAD. ARRIVED INTUBATED, SEDATED AND PHARMACOLOGICALLY PARALYZED. NONBLEEDING SCALP LAC WITH BRAIN EXTRUDING FROM WOUND IN RIGHT PARIETAL AREA. SWELLING AND ECCHYMOSIS RIGHT EYELID PUPILS EQUAL AND REACTIVE. ADMIT, CT BRAIN, CSPINE. CONSULTS TO NEUROSURG AND OPHTHO. | 332 EMDG-BALAD |
| MELTON | 4/28/2007 9:09:00 AM | NS: PATIENT SEEN IN ED. PATIENT REVERSED AND HAS GCS 7T(MSE1VT). LOCALIZES ON R BRISKLY. NO EYE OPENING. DOES NOT REGARD EXAMINER OR TRACK. INTUBATED. L HEMI-PARETIS. R SCALP WOUND WITH BRAIN EXTRUSION AND OPEN FRACTURE. CT HEAD WITH R PARIETAL DEPRESSED SKULL FRACTURE WITH FRAGMENTS PENETRATING CORTEX DEEPLY TO LEVEL OF LATERAL VENTRICLE. PATIENT TAKEN TO OR EMERGENTLY. PROCEDURE: R CRANIECTOMY, R ID OPEN DEPRESSED SKULL FRACTURE WITH DEBRIDEMENT OF BRAIN. DETAILS: RIGHT TRAUMA SCALP FLAP TURNED AND INCORPORATING 10 CM SCALP LACERATION. ID BRAIN EXTRUDING FROM SKULL DEFECT. TURNED LARGE DECOMPRESSIVE CRANIECTOMY INCORPORATING SKULL DEFECT. UPON OPENING THE DURA THE VEIN OF LABBE WAS FOUND TO BE INCORPORATED INTO THE DURA AND HAD TO BE SUTURE LIGATED. BRAIN LACERATION FROM BONE FRAGMENT PENETRATION WAS DEBRIDED AND HEMOSTASIS OBTAINED. SKULL FRAGMENTS IN BRAIN PARENCHYMA WHICH COULD BE EASILY IDENTIFIED WERE RETRIEVED. HEMOSTASIS WAS AGAIN OBTAINED. DURA WAS REPLACED OVER THE BRAIN SURFACE AND DURAPLASTY PERFORMED WITH DURAGEN. 7FR JP PLACED OVER THE DURA. CRANIOTOMY FLAP LEFT OUT. SCALP CLOSED IN TWO LAYERS. ICP MONITOR WAS PLACED IN SUBDURAL SPACE PRIOR TO CLOSURE. EBL 600. COMPLICATIONS: NONE. | 332 EMDG-BALAD |

Done

VTA

INNOVATE | PARTNER | DELIVER | LEARN

Medical Data Integration: Today



Potential Civilian Uses

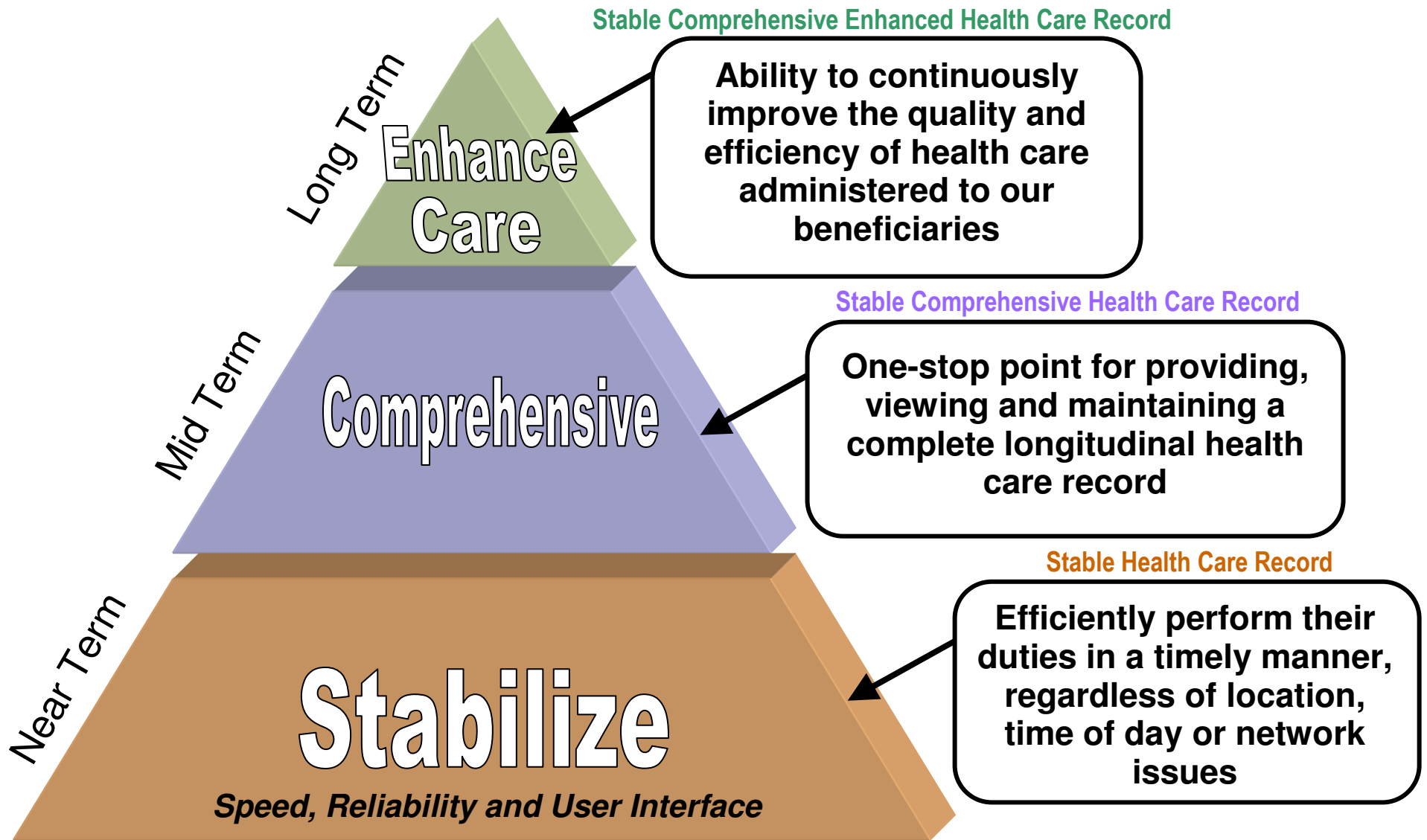
- Natural Disaster Support
- Humanitarian Assistance
- Pandemic Outbreaks
- Rural Health Care
- Visiting Nurse Services
- Public Schools



White House Medical Unit (WHMU)



- WHMU serves both the President, Vice President, their families and provides emergency coverage to White House visitors and guests
- **Providers use AHLTA-Theater Remote and AHLTA-Garrison Remote**
- Access military's EHR and the Composite Health Care System (CHCS) through a remote connection with the Bethesda Naval Hospital
 - CHCS enables DoD providers to electronically perform patient appointment processes and scheduling, order laboratory tests, retrieve test results, authorize radiology procedures and prescribe medications
- DHIMS continues to provide training and on-site support

DoD Electronic Health Record - Strategy



Neurological Cognitive Assessment Tool (NCAT)

- Automated Neurological Assessment Metrics (ANAM) is a tool to the **support diagnosis and monitoring patients of mild traumatic brain injuries (mTBI)**
- Compare results across time periods
- Track and trend TBI data
- Supports research to improve patient outcomes
- Operates in Theater and Garrison

| ANAM Performance Report | | |   <small>ANAM</small> <small>AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS</small> | | <small>Test Date: August 14, 2007 3:11 PM</small> <small>INJURY/EXPOSURE - DEPLOYMENT</small> <small>Setting: ECHELON III</small> | | | | | | | | | |
|---|---|--|--|--------------------------|---|------------------|---------------|--|--------------------|---|--|--|--|---|
| ID: *****9999 Name: SMITH, ROGER EDWARD Rank: PFC (E3) Service: ARMY Status: ACTIVE DUTY | | | SUMMARY PERFORMANCE INDICATOR Source: Baseline <div style="display: flex; justify-content: space-around;"> <div style="width: 33%; height: 20px; background-color: green;"></div> <div style="width: 33%; height: 20px; background-color: yellow;"></div> <div style="width: 33%; height: 20px; background-color: red;"></div> </div> <small>AVERAGE OR ABOVE BELOW AVERAGE CLEARLY BELOW</small> | | | | | | | | | | | |
| <small>Age: 20 Gender: M Session: 03</small> | | | | | | | | | | | | | | |
| DISCLAIMER The information provided in this report does not represent medical advice, diagnosis, or a prescription for treatment. Providers should use these results in conjunction with a complete medical examination.* | | | | | | | | | | | | | | |
| HISTORY <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Injury cause(s):</td> <td style="width: 33%;">Resulting in:</td> <td style="width: 33%;">Symptoms Right after Injury: Headaches, Nausea, vomiting, Balance problems / dizziness</td> </tr> <tr> <td>Blast or Explosion</td> <td>Dazed, confused, saw stars Knocked out - 1 to 20 minutes Did not remember the injury Concussion symptoms</td> <td>Symptoms Now at Rest: Headaches, Sleep problems, Irritability (short temper), Memory problems / lapses</td> </tr> <tr> <td></td> <td></td> <td>Symptoms Now after Exertion: Balance problems / dizziness, Memory problems / lapses</td> </tr> </table> | | | | | | Injury cause(s): | Resulting in: | Symptoms Right after Injury: Headaches, Nausea, vomiting, Balance problems / dizziness | Blast or Explosion | Dazed, confused, saw stars Knocked out - 1 to 20 minutes Did not remember the injury Concussion symptoms | Symptoms Now at Rest: Headaches, Sleep problems, Irritability (short temper), Memory problems / lapses | | | Symptoms Now after Exertion: Balance problems / dizziness, Memory problems / lapses |
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| Blast or Explosion | Dazed, confused, saw stars Knocked out - 1 to 20 minutes Did not remember the injury Concussion symptoms | Symptoms Now at Rest: Headaches, Sleep problems, Irritability (short temper), Memory problems / lapses | | | | | | | | | | | | |
| | | Symptoms Now after Exertion: Balance problems / dizziness, Memory problems / lapses | | | | | | | | | | | | |
| PROVIDER OBSERVATIONS MACE: Interval between current and previous injury: | | | | | | | | | | | | | | |
| PERFORMANCE AT A GLANCE | | | Comparison Group: Military: Fort Campbell Males Age 18-25 | | SLEEP (1-7) Score: 4 - A little trouble and having mild difficulty concentrating | | | | | | | | | |
| Comparison to BASELINE | SCALE (DOMAIN) | | AVERAGE OR ABOVE | BELOW AVERAGE | CLEARLY BELOW | | | | | | | | | |
| -1.73 | Simple Reaction Time (REACTION TIME) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| -3.09 | Procedural Reaction Time (PROCESSING SPEED) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| -1.95 | Code Substitution - Learning (LEARNING) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| -3.7 | Code Substitution - Delayed (DELAYED MEMORY) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| -2.64 | Mathematical Processing (WORKING MEMORY) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| -3.64 | Matching to Sample (SPATIAL MEMORY) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| MOOD (0-100) 28 HAPPINESS 31 VIGOR 72 FATIGUE 50 RESTLESSNESS 50 ANXIETY 42 DEPRESSION 61 ANGER | | | | | | | | | | | | | | |
| REFERENCE Category lower limits for Below Average (9th percentile, 80.5 standard score) and Clearly Below Average (2nd percentile, 70 standard score) are based on Hannay, H. J., & Lezak, M. D. (2004). The neuropsychological examination: Interpretation. In M. D. Lezak, D. B. Howieson, & D. W. Loring (Eds.), <i>Neuropsychological Assessment</i> (pp. 133-156). New York: Oxford University Press. | | | | | | | | | | | | | | |
| <small>*C-SHOP and the University of Oklahoma are not responsible for any decisions made based on information contained in the report. The provider has the sole responsibility for establishing diagnosis and suggesting appropriate treatment.</small> | | | | | | | | | | | | | | |

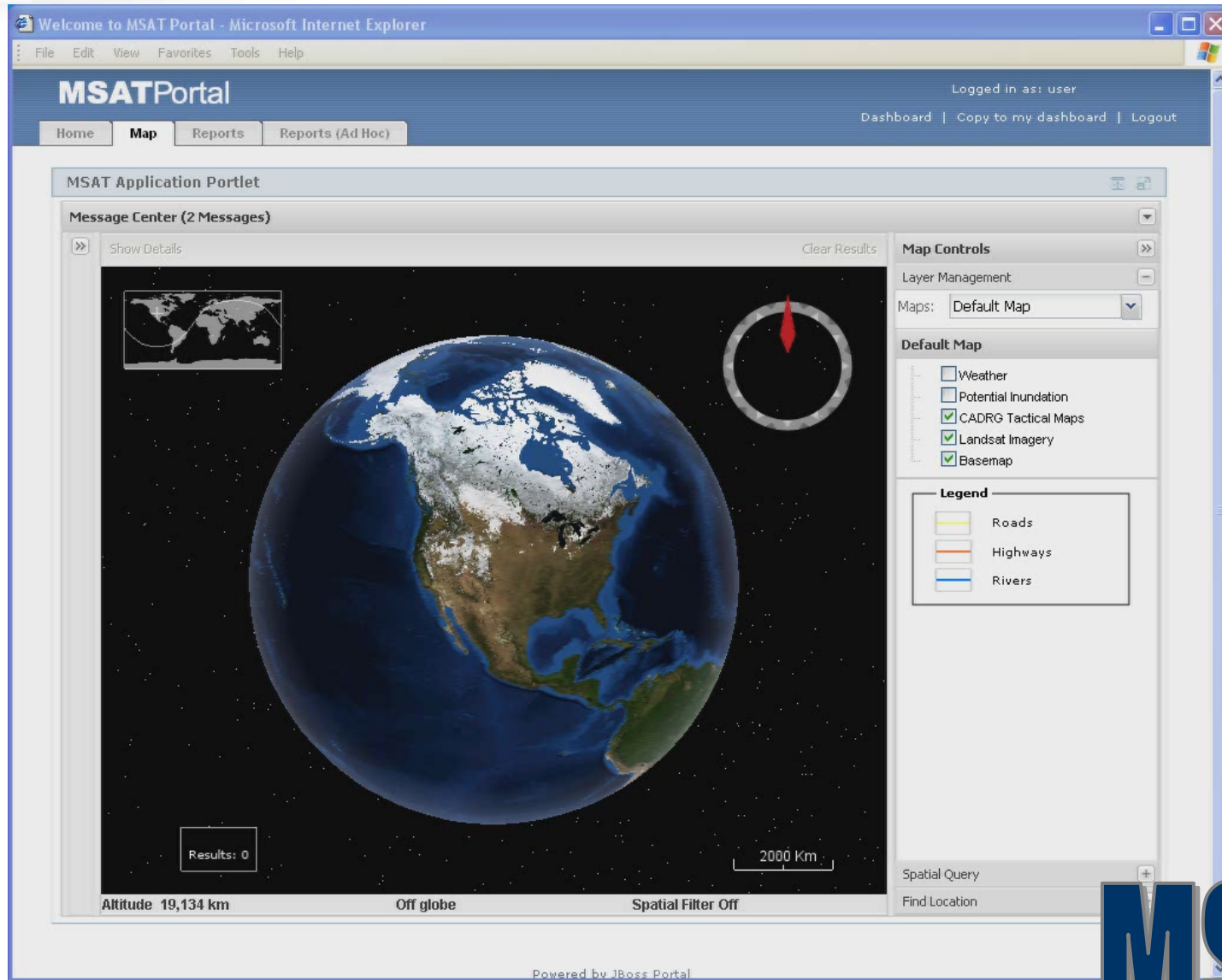
Imaging Initiatives

- **Healthcare Artifact and Image Management Solution (HAIMS)**
 - Three-phased approach to provide global access and global awareness of scanned documents and referential images generated during healthcare delivery
 - Phase I - scan, import, register, search, view, edit and store various documents and images
- **Deployable Tele-Radiology System (DTRS): Theater Imaging**
 - Serves as the Theater's Picture Archiving and Communications System (PACS)
 - Provides healthcare providers in OIF/OEF access to diagnostic radiographic images

Virtual Lifetime Electronic Record (VLER)

- On April 9, 2009, President Obama directed DoD and VA to create a Virtual Lifetime Electronic Record that:
 - *"will ultimately contain administrative and medical information from the day an individual enters military service throughout their military career and after they leave the military."*
- The goal of VLER is to provide a **single portal for the seamless access** to all of the electronic records for Service members as they transition from military to veteran status and throughout their lives
 - No veteran should experience delay in access to services they earned while serving their country because of red tape and paperwork

Medical Situational Awareness in the Theater



Points of Contact

- **MAJ Frank Tucker, DHIMS**
 - POC: Frank.Tucker@tma.osd.mil
- **Chief Medical Information Officers**
 - Army POC: hon.pak@amedd.army.mil
 - Navy POC: robert.marshall2@med.navy.mil
 - Air Force POC: jose.ibanez-pabon@pentagon.af.mil
- **Commercial Sector – RFI, RFP, RFQ**
 - POC at TPS: X
- **Federal Health Sector and Lessons Learned**
 - POC: Ms. Lois Kellet at Lois.Kellet@tma.osd.mil

Closing Slide

For more information visit DHIMS at:
Booth #3107 in Hall C

or on the Web at:
dhims.health.mil